

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000003972

1. Entity Name
NEW LOOK FLOOR DESIGN, INC.



**FILED
Apr 13, 2005 8:00 am
Secretary of State**

04-13-2005 90057 008 ***158.75

Principal Place of Business
1755 RED CEDAR DRIVE
APT. #20
FORT MYERS, FL 33907

Mailing Address
1755 RED CEDAR DRIVE
APT. #20
FORT MYERS, FL 33907

2. Principal Place of Business
626 SW 23rd Street

3. Mailing Address
626 SW 23rd Street

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33991

Zip
33991

Country
FL

Country
FL

6. Name and Address of Current Registered Agent

MATLAND, RUDOLPH K
12995 SOUTH CLEVELAND AVENUE
SUITE 107
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

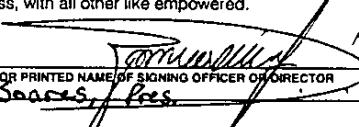
10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SOARES, NILTON 1755 RED CEDAR DRIVE APT. #20 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	626 SW 23 rd Street Cape Coral, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nilton Soares, Pres.

✓ 04/06/05

Date

Daytime Phone #